

BACKFLOW PREVENTION ASSEMBLY TEST REPORT



Please return report to:

City of Conover

P.O. Box 549

Conover, NC 28613

Attn: Brian Bradshaw

NAME OF PREMISE : _____ Commercial ☐ Residential ☐

SERVICE ADDRESS: _____ CITY: _____ ZIP: _____

CONTACT PERSON: _____ PHONE: _____ FAX: _____

LOCATION OF ASSEMBLY: _____

BACKFLOW PREVENTION ASSEMBLY TYPE : DCVA ☐ RPBA ☐ PVBA ☐ OTHER: _____

NEW INSTALLATION ☐ EXISTING ☐ REPLACEMENT ☐ OLD ASSEMBLY SERIAL NUMBER: _____

MAKE OF ASSEMBLY: _____ MODEL: _____ SERIAL NO.: _____ SIZE: _____

INITIAL TEST PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>	DCVA/RPZ CHECK VALVE NO.1 LEAKED <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> _____ PSID	DCVA/RPZ CHECK VALVE NO.2 LEAKED <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> _____ PSID	RPZ OPENED AT _____ PSID #1 CHECK _____ PSID BUFFER _____ PSI	PVBA AIR INLET OPENED AT _____ PSID NOT OPEN <input type="checkbox"/>
NEW PARTS REPAIRS	CLEAN REPLACE PART <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	CLEAN REPLACE PART <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	CLEAN REPLACE PART <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	CHECK VALVE HELD AT _____ PSID LEAKED <input type="checkbox"/> _____ CLEANED <input type="checkbox"/> REPAIRED <input type="checkbox"/>
TEST AFTER REPAIRS	CLOSED TIGHT <input type="checkbox"/> _____ PSID	CLOSED TIGHT <input type="checkbox"/> _____ PSID	OPENED AT _____ PSID #1 CHECK _____ PSID BUFFER _____ PSI	AIR INLET _____ PSID CHK VALVE _____ PSID

AIR GAP INSPECTION: Required minimum air gap separation provided? Yes ☐ No ☐ Detector Meter Reading _____

REMARKS: _____

TESTER'S SIGNATURE _____ CERT. NO. _____ LINE PRESSURE _____
DATE _____

TESTER'S NAME PRINTED _____ TESTERS PHONE # () _____

REPAIRED BY _____ CERT. NO. _____ DATE _____

FINAL TEST BY _____ CERT. NO. _____ DATE _____

GAGE CALIBRATION DATE ____/____/____ WATER SERVICE RESTORED YES ☐ NO ☐

CITY OF CONOVER WATER DEPARTMENT

PHONE # 828-464-4808

FAX # 828-464-5299